

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/563416 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2							
3							
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50							
TOTAL IND.			2				
TOTAL DEP.			16				
TOTAL CLAIMS			20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							